This Form for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: OA 373240

Total Fee Calculation

-	Fee Code	Total # Claims	Number Extra	<u>x</u> _	Fee	Fec		Total
•	Sm./Lg.				Sm. Entity	Lg. Entity		
Basic Filing Fee	201/101	_					=	
Total Claims >20	203/103	Õ	-20 =	x			= .	
Independent Claims >3	202/102	0	-3 =	X			= `	
Mult. Dep Claim Present	204/104				·		=	
Surcharge	205/105	.•					=	(30/ 65)
English Translation	139 .		·					130
TOTAL FEE CALCUL	ATION							130_,
Fees due upon filing	the applica	tion:		-				
Total Filing Fees Du	e =	s_130						
Less Filing Fees Sub	mitted '-	\$8			•			
BALANCE DUE	=	2 130			·			
Smc								
Office of Initial Pate	nt Examin	ation				••		